

State: Arkansas **Filing Company:** AAA Life Insurance Company
TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Product Name: Instant Issue Term
Project Name/Number: /

Filing at a Glance

Company: AAA Life Insurance Company
Product Name: Instant Issue Term
State: Arkansas
TOI: L04I Individual Life - Term
Sub-TOI: L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
Filing Type: Form
Date Submitted: 08/03/2012
SERFF Tr Num: AAAL-128615834
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: TL1301

Implementation: On Approval
Date Requested:
Author(s): Judy Lucas, Victoria Windham, Tamara Thompson
Reviewer(s): Linda Bird (primary)
Disposition Date: 08/14/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas Filing Company: AAA Life Insurance Company
 TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium
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General Information

Project Name: Status of Filing in Domicile: Pending
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments: Filed with the compact
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 08/14/2012
 State Status Changed: 08/14/2012
 Deemer Date: Created By: Judy Lucas
 Submitted By: Judy Lucas Corresponding Filing Tracking Number:
 Filing Description:
 See Cover Letter

Company and Contact

Filing Contact Information

Judy Lucas, Compliance Specialist III JALucas@aaalife.com
 17900 N. Laurel Park Dr. 734-779-2646 [Phone]
 Livonia, MI 48152 734-805-6282 [FAX]

Filing Company Information

AAA Life Insurance Company CoCode: 71854 State of Domicile: Michigan
 17900 N. Laurel Park Drive Group Code: Company Type:
 Livonia, MI 48152-3985 Group Name: State ID Number:
 (800) 624-1662 ext. 2942[Phone] FEIN Number: 52-0891929

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: 3 forms 1 rate
 Per Company: No

Company	Amount	Date Processed	Transaction #
AAA Life Insurance Company	\$200.00	08/03/2012	61421563

SERFF Tracking #:

AAAL-128615834

State Tracking #:

Company Tracking #:

TL1301

State:

Arkansas

Filing Company:

AAA Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Instant Issue Term

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/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/14/2012	08/14/2012

State: Arkansas **Filing Company:** AAA Life Insurance Company
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Disposition

Disposition Date: 08/14/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Cover Letter		Yes
Form	Individual Term Life Insurance Policy		Yes
Form	Accidental Death Rider		Yes
Form	Application for Llife Insurance		Yes

State: Arkansas

Filing Company:

AAA Life Insurance Company

TOI/Sub-TOI: L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

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Form Schedule

Lead Form Number: TL1301AR

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		TL-1301AR	POL	Individual Term Life Insurance Policy	Initial:		TL1301AR Term Life Insurance Policy to Age 95 Final.pdf
2		TL-1306ADB	POLA	Accidental Death Rider	Initial:		TL1306ADB - Accidental Death Rider.pdf
3		TL-1301APP	AEF	Application for Life Insurance	Initial:		TL-1301APP Instant Issue Application - FINAL-bracketed.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Livonia, Michigan

Home Office:

AAA Life Insurance Company

[17900 N. Laurel Park Drive
Livonia, MI 48152
(800) 624-1662
[www.aalife.com]

This is a term life insurance Policy. If the insured dies while this Policy is in force, We agree to pay the Proceeds Payable to the Beneficiary according to the provisions of this Policy.

This is a legal contract between You and Us. Please Read It Carefully.

31 DAY RIGHT TO EXAMINE: You have the right to examine this Policy within 31 days after You receive it. If You are not satisfied, return it to Our Home Office with a request to cancel the Policy. We will void it as though it were never issued. We will refund all premiums, fees and charges You have paid.

As evidence of this agreement, this Policy has been signed by Officers of AAA Life Insurance Company at our Home Office.

A handwritten signature in black ink, enclosed in large, thin, rounded square brackets.

Harold W. Huffstetler, Jr., President

A handwritten signature in black ink, enclosed in large, thin, rounded square brackets.

Diane L. Coudurier, Secretary

TOLL FREE INFORMATION AND COMPLAINT NUMBER: [(800) 624-1662]

**TERM LIFE INSURANCE POLICY TO AGE 95
CONVERTIBLE**

Nonparticipating

This Policy does not participate in Our earnings or surplus.

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Thirty-One Day Right to Examine	Cover

The Application, Endorsements, Riders, or related material follow the last page.

POLICY SCHEDULE PAGE

Policy Number:	[123456789]	Policy Effective Date:	[03/01/2011]
Policyowner:	[John Doe]	Issue Date:	[03/01/2011]
Insured:	[John Doe]	Issue State:	[MI]
Issue Age:	[35]	Gender:	[Male]
Face Amount:	[\$100,000]	Rate Class:	[Best Non-Nicotine]
Payment Method:	[Annual]	Initial Premium:	[\$ 400.02]

[State] Department of Insurance
Telephone Number: 800-xxx-xxxx

<u>Benefit Type</u>	<u>Initial Term Period</u>	<u>Initial Annual Premium *</u>	<u>Effective Date</u>	<u>Expiration Date</u>
Term Life Insurance	[10]Years**	[\$150.00]	[03/01/2011]	[3/01/2071]

Additional Riders/Endorsements:

Benefit Type	Benefit Amount	Initial Annual Premium	Effective Date	Expiration Date
Accelerated Death Benefit Endorsement	N/A	N/A	[03/01/2011]	[03/01/2071]
[Accidental Death Benefit Rider	[\$100,000]	[\$85.00]	[03/01/2011]	[03/01/2041]]
[Disability Waiver of Premium Rider	N/A	[\$32.02]	[03/01/2011]	[03/01/2041]]
[Travel Accident Rider	[\$100,000]	[\$53.00]	[03/01/2011]	[03/01/2056]]
[Child Term Rider	[\$10,000]	[\$80.00]	[03/01/2011]	[03/01/2071]]
Lifetime Membership Benefit Endorsement	N/A	N/A	[03/01/2011]	[03/01/2071]

Total Annual Premium: [\$400.02]

ALTERNATIVE PREMIUM OPTIONS:

PAYMENT METHOD:	MONTHLY CREDIT CARD OR EFT	QUARTERLY	SEMI-ANNUAL	ANNUAL
Premium by Payment Method:	[\$35.20]	[\$104.01]	[\$208.01]	[\$400.02]

Conversion Period: To the earliest of the end of the Initial Term Period or the Policy Anniversary after Insured's 65th birthday. No conversions will be allowed after Attained Age 65.

* [[\$60] Annual Fee Waived]

** Coverage is renewable annually thereafter, but not beyond the Expiration Date.

Address and phone number for Premium payment, inquiries and notification of claim:

AAA Life Insurance Company
[17900 N. Laurel Park Drive
Livonia, MI 48152-3985
(800) 624-1662]

Print Date: [03/01/2011]

SCHEDULE OF BENEFITS AND PREMIUMS
(continued)

Policy Number: [123456789]

Insured: [John Doe]

Attained Age	Base Annual Premium*	Maximum Annual Premium**		Attained Age	Base Annual Premium*	Maximum Annual Premium**
[35]	[\$150.00]	[\$400.02]		[65]	[\$4,869.00]	[\$5,002.00]
[36]	[\$150.00]	[\$400.02]		[66]	[\$5,334.00]	[\$5,467.00]
[37]	[\$150.00]	[\$400.02]		[67]	[\$5,820.00]	[\$5,953.00]
[38]	[\$150.00]	[\$400.02]		[68]	[\$6,333.00]	[\$6,466.00]
[39]	[\$150.00]	[\$400.02]		[69]	[\$6,909.00]	[\$7,042.00]
[40]	[\$150.00]	[\$400.02]		[70]	[\$7,581.00]	[\$7,714.00]
[41]	[\$150.00]	[\$400.02]		[71]	[\$8,677.00]	[\$8,810.00]
[42]	[\$150.00]	[\$400.02]		[72]	[\$9,974.00]	[\$10,107.00]
[43]	[\$150.00]	[\$400.02]		[73]	[\$11,392.00]	[\$11,525.00]
[44]	[\$150.00]	[\$400.02]		[74]	[\$12,961.00]	[\$13,094.00]
[45]	[\$622.00]	[\$939.96]		[75]	[\$14,714.00]	[\$14,847.00]
[46]	[\$693.00]	[\$1,049.47]		[76]	[\$16,726.00]	[\$16,859.00]
[47]	[\$755.00]	[\$1,149.11]		[77]	[\$19,092.00]	[\$19,225.00]
[48]	[\$808.00]	[\$1,236.33]		[78]	[\$21,877.00]	[\$22,010.00]
[49]	[\$874.00]	[\$1,336.61]		[79]	[\$25,061.00]	[\$25,194.00]
[50]	[\$957.00]	[\$1,458.18]		[80]	[\$28,688.00]	[\$28,768.00]
[51]	[\$1,063.00]	[\$1,608.94]		[81]	[\$31,932.00]	[\$32,012.00]
[52]	[\$1,192.00]	[\$1,792.11]		[82]	[\$35,368.00]	[\$35,448.00]
[53]	[\$1,342.00]	[\$2,003.04]		[83]	[\$39,120.00]	[\$39,200.00]
[54]	[\$1,531.00]	[\$2,270.20]		[84]	[\$43,292.00]	[\$43,372.00]
[55]	[\$1,746.00]	[\$2,570.88]		[85]	[\$47,932.00]	[\$48,012.00]
[56]	[\$1,944.00]	[\$2,830.06]		[86]	[\$54,362.00]	[\$54,442.00]
[57]	[\$2,136.00]	[\$3,081.39]		[87]	[\$61,480.00]	[\$61,560.00]
[58]	[\$2,328.00]	[\$3,332.71]		[88]	[\$69,247.00]	[\$69,327.00]
[59]	[\$2,553.00]	[\$3,627.24]		[89]	[\$77,625.00]	[\$77,705.00]
[60]	[\$2,826.00]	[\$3,835.44]		[90]	[\$86,283.00]	[\$86,363.00]
[61]	[\$3,159.00]	[\$4,086.17]		[91]	[\$95,000.00]	[\$95,080.00]
[62]	[\$3,546.00]	[\$4,370.00]		[92]	[\$95,000.00]	[\$95,080.00]
[63]	[\$3,969.00]	[\$4,651.76]		[93]	[\$95,000.00]	[\$95,080.00]
[64]	[\$4,410.00]	[\$4,914.94]		[94]	[\$95,000.00]	[\$95,080.00]

* [[\$60] Annual Fee Waived]

** Includes Annual Premium for any Riders

Definitions

In this Policy, the following terms mean:

Absolute Assignment – The transfer of the Owner's rights and privileges to another person or entity. Actual ownership does not transfer.

Age - The Insured's age as of their last birthday.

Application – The document and any additional document(s) used to provide Evidence of Insurability to apply for this insurance coverage or any reinstated coverage. It is a part of this Policy.

Attained Age – The Insured's Age, on any given date, at the most recent Policy Anniversary.

Base Policy – This Policy without any added benefits provided by Riders or Endorsements

Beneficiary - The person or entity named in the Application, or in the most recent change recorded by Us, who is entitled to receive the Death Benefit.

Contingent Beneficiary – The person or entity named in the Application, or in the most recent change recorded by Us, who is entitled to receive the Death Benefit if no primary Beneficiary is alive at the Insured's death.

Contingent Owner – The person or entity named in the Application, or in the most recent change recorded by Us, to become the Owner of this Policy if the Owner dies before the Insured.

Death Benefit- The amount We pay upon the death of the Insured while this Policy is in force.

Endorsement – A form attached to this Policy that provides additional benefits without additional charges.

Evidence of Insurability - Proof satisfactory to Us that an Insured is an acceptable risk for insurance coverage.

Expiration Date - The date on which all coverage under this Policy, or any attached Rider, is no longer in force as shown on the Schedule Page.

Face Amount – The amount of life insurance provided under this Policy. It is shown in the Schedule Page. This amount does not include benefits under any Riders or Endorsements.

Grace Period - The 31-day time period in which an overdue Premium will still be accepted. During this period the coverage remains in force. There is no Grace Period for the Initial Premium.

Home Office –Our office located at [17900 N. Laurel Park Drive, Livonia, MI 48152].

Initial Premium – The first Premium due in consideration for this Policy. We must receive and deposit the Initial Premium before the Policy becomes effective.

Initial Term Period - The period of time shown on the Schedule Page for which insurance is issued under this Policy. It is the period We guarantee the Annual Premium will remain level.

Insured - The person whose life is insured under this Policy as shown on the Schedule Page.

Irrevocable Beneficiary – A Beneficiary who must give written consent prior to Us processing any changes that the Owner requests.

Issue Age – The Insured's Age on the Policy Effective Date. The Issue Age is shown on the Schedule Page.

Owner - The person or entity that has full rights and privileges to the benefits of this Policy, while the Insured is living.

Payee – The person or entity to whom We make benefit payments.

Policy – The document that provides evidence of insurance coverage and benefits.

Policy Anniversary - The same month and day as the Policy Effective Date for each year this Policy remains in force.

Policy Effective Date – Is the date insurance coverage begins. It is shown on the Schedule Page. We use this date to measure the time periods of the Suicide and Incontestability Provisions of this Policy.

Premium - The amount You are required to pay to Us to keep this Policy in force.

Rate Class - The mortality and morbidity classification assigned to the Insured under this Policy. It is used to determine the costs, charges and fees for the insurance coverage. The Rate Class of the Insured is shown on the Schedule Page.

Proofs of Loss – Documents that provide satisfactory evidence to Us, that the Insured has incurred a loss covered by the Policy, its Riders or Endorsements.

Reinstate - To restore coverage after this Policy has lapsed.

Reinstatement Date – The date we approve a reinstatement request and receive all overdue Premiums.

Rider – A form attached to this Policy that provides added benefits for an additional charge.

We, Us, Our, Ours , and **the Company** mean AAA Life Insurance Company.

You , **Your** and **Yours** mean the Owner of this Policy.

General Provisions

Effective Date of Insurance

The Policy becomes effective when the following conditions are met:

1. You submit a complete, signed application;
2. We approve Your application and any other required Evidence of Insurability; **and**
3. We receive and deposit Your Initial Premium.

This Policy is void and there is no coverage if You are not living on the Policy Effective Date.

Entire Contract

The Entire Contract between You and Us consists of this Policy, including any attached Riders, Endorsements or amendments, and the Application.

Any application for:

1. Additional benefits provided by Rider,
2. A change in coverage, or
3. Reinstatement,

becomes a part of this Policy on the effective date of the Rider, change or reinstatement.

Any change or waiver of any provision of this Policy must be in writing and signed by an Officer of the Company. No agent has the authority to change the contract in any way or extend the time for paying Premiums.

Misstatement of Age or Gender

If the Insured's Age or gender was misstated, their correct Age or gender at the Policy Effective Date will be used to determine:

1. The Effective, Renewal, or Expiration Dates of benefits provided by this Policy;
2. The Death Benefit; and
3. Any other rights or benefits under this Policy.

If the Insured's Age or gender was misstated, We will adjust the Death Benefit to be the amount that would be purchased by the Premium at the correct Age or gender.

Suicide

If the Insured commits suicide, while sane or insane, within 2 years from the Policy Effective Date, proceeds payable will be limited to:

1. Total Premiums paid,
2. Less any Debt and
3. Less the cost of insurance for any other covered person insured by Rider.

The proceeds will be paid to the Beneficiary in one lump sum regardless of any policy settlement previously elected by You or the Beneficiary.

Incontestability

We will not contest the validity of this Policy after it has been in force during the Insured's lifetime for 2 years from

- the Policy Effective date, or
- the last Reinstatement Date.

We will not use a statement made by You or the Insured on any Application to contest a claim unless:

1. The Insured dies within 2 years of the Policy Effective Date or within 2 years of the last Reinstatement Date, and
2. any answer, representation or acknowledgement made by You or the Insured on the Application for Insurance or Reinstatement was not true and/or complete, and
3. if We had known the truth, We would not have issued or reinstated the Policy.

During the first 2 years following the Policy Effective Date or any reinstatement date, We have the right to rescind coverage under the Policy while the Insured is living if the above conditions would allow Us to contest a claim if the Insured died.

Subject to the Grace Period provisions of this Policy, We can contest this Policy at any time for nonpayment of Premium. We can also contest this Policy at any time for fraud where permitted by the state where this Policy is delivered or issued for delivery.

Protection Against Creditors (Beneficiary's Rights)

While the Insured is alive, the Beneficiary may not assign or borrow against the benefit amount. While the Insured is alive or upon death, a Beneficiary's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Protection Against Creditors (Owner's Rights)

While the Insured is alive, the Owner may not assign or borrow against the benefit amount, except as stated in the Assignment provision. While the Insured is alive, an Owner's creditors may not claim any of the benefit amount or interest, unless allowed by law.

Statements

We consider all statements made in any Application to be representations and not warranties, unless they are fraudulent. No statement will be used to void coverage or reduce benefits unless:

1. it is in writing; and
2. a copy is attached to the Policy.

Clerical Errors

Clerical or system errors in this Policy, or any report concerning this Policy, will neither:

1. deprive You of the benefits You are entitled to under the Policy, nor
2. provide You with additional benefits to which You are not entitled.

Conformity with State Statutes

This Policy is subject to the laws of the state where the Application was signed. If part of this Policy does not comply with those laws, it will be treated as if it did. Any provision of this Policy, which, on its Effective Date, is in conflict with the statutes of the state in which the Policyowner is located on such date is hereby amended to conform to the minimum requirements of such statutes.

Termination

All coverage under this Policy will terminate when any of the following occurs:

1. the Insured dies; or
2. the Policy is converted as specified herein; or
3. the Grace Period ends without payment of the entire Premium due; or
4. on the Expiration Date as shown on the Schedule Page; or
5. The Owner has requested termination.

Any Premium received after the date of Termination will not cause this Policy to remain in force. We will refund to You any such Premium.

Ownership Provisions

Policy Owner

The Insured is the Owner of this Policy, unless otherwise stated in the application or in a Policy amendment. Your rights as an Owner end at the Insured's death. While the Insured is living, You have the rights as Policy Owner to:

1. transfer ownership rights and privileges by Absolute Assignment or Collateral Assignment, or
2. designate, change, or revoke a Contingent Owner, or
3. change any Beneficiary during the Insured's lifetime, or
4. receive any benefit, exercise any right, and use any privilege granted to You by Your Policy, or
5. agree with Us to change or amend Your Policy.

If You have named an Irrevocable Beneficiary, We will require their written consent before processing any of Your requests. If the Owner dies before the Insured, the Contingent Owner becomes the new Owner. If the Owner dies before the Insured and no other arrangements have been made with Us, ownership will transfer to the Owner's estate.

Change of Ownership

If You name a new Owner or Contingent Owner, then any prior designation of a Contingent Owner will be void. You must make an ownership change while the Insured is living by sending satisfactory written notice to Us at Our Home Office.

Assignment

Assignment of this Policy will be binding on Us only after We receive a copy of the assignment at Our Home Office. We are not responsible for the validity of any assignment. If the assignment is absolute, all rights of the Owner and any revocable Beneficiary are transferred to the assignee. If the assignment is collateral, rights are transferred only to the extent of the assignee's interest.

Change of Beneficiary

The Owner may change the Beneficiary, except for an Irrevocable Beneficiary, at any time while the Insured is living by sending notice to Us at Our Home Office. If You have named an Irrevocable Beneficiary, We will require their written consent before processing any of Your requests.

Effective Date of Elections, Designations, Changes and Requests

All elections, designations, changes and requests must be in a form satisfactory to Us. They will become effective on the date the notice of change is signed, unless specified otherwise by the Owner. We will not be liable for payment made or action taken by Us before notice was received at Our Home Office and acknowledged in writing by Us.

Beneficiary

Beneficiary

The Beneficiary will receive the Death Benefit. A Beneficiary has no rights under this Policy until the death of the Insured.

There are two Beneficiary classes:

1. Primary Beneficiary, or
2. Contingent Beneficiary.

If no Primary Beneficiary survives the Insured, We will pay the Death Benefit to the Contingent Beneficiary. If there is more than one Beneficiary in a class, each will share equally unless You specify otherwise. The share of any Beneficiary who dies before the Insured, or within fifteen (15) days after, will pass equally to any surviving Beneficiaries in that class, unless You state otherwise. If no Beneficiary survives the Insured, the Death Benefit will be paid to the Owner or the Owner's estate.

However, we may pay any Death Benefit up to \$10,000 to any person We consider justly entitled if:

1. the Beneficiary is not competent to give a valid release,
2. the Beneficiary is a minor, or
3. the benefit is payable to the Owner's estate.

If We make payment in good faith, We will not be liable to anyone for the amount paid.

Premiums

Payment

Each Premium is payable in advance of the period it applies. Due dates of later Premiums are measured from the Policy Effective Date. All Premiums after the first are payable to Us at Our Home Office. You may request a receipt signed by an officer of the Company.

The amount and frequency of Premium payments are shown on the Schedule Page. This Policy terminates on the due date of any Premium not paid on or before that date, subject to the Grace Period provision.

Renewal

You may renew this Policy, without Evidence of Insurability, for successive annual periods until the Expiration Date shown on the Schedule Page.

Grace Period

There is no Grace Period for the Initial Premium. After You first pay Your Initial Premium, We allow a Grace Period of 31 days for payment of any subsequent Premiums. This Policy remains in force during the Grace Period. If death occurs during a Grace Period, any unpaid Premium up to the date of death will be deducted from the Death Benefit. If You fail to pay the Premium due by the end of the Grace Period, the policy will terminate as of the last Premium due date.

Reinstatement

During the life of the Insured, You may apply to have the Policy reinstated within three years after the due date of any unpaid Premium. You must not have converted the Policy.

We require the following to reinstate the Policy:

1. satisfactory Evidence of Insurability, and
2. payment of all overdue Premiums from date of Termination to the Reinstatement Date, and
3. payment of the greater of the first Modal Premium Due after the Reinstatement Date or two monthly premium payments.

The effective date of Reinstatement is the date We approve the Reinstatement. We must have received and deposited all required premiums before we approve it.

Conversion Provision

Conversion Period

You may convert this policy within the time frame indicated on the Schedule Page. You may convert the Policy to any individual permanent life insurance policy that we make available for Conversion. The Policy must be in force on the date you request conversion. The conversion period ends as described on the Schedule Page.

Conditions for Conversion

You may convert insurance, up to the Face Amount in force on this Policy, to a new policy during the conversion period. Your right to convert is subject to these conditions:

1. We are not waiving Premiums because of the Insured's total disability.
2. You have paid all Premiums due on this Policy.
3. The effective date of the new policy will be the date of conversion.
4. The suicide or contestability period does not start over with the new policy. We will measure the suicide and contestability period under the new policy from the later of the Policy Effective Date of this Policy or the last Reinstatement Date.
5. We reserve the right to limit any riders and/or endorsements with the new policy upon conversion.
6. You must submit a request for conversion form to Us and pay the first premium due.
7. We will issue the new policy at the age of the Insured on the date of conversion.
8. We will issue the new policy in a similar Rate Class to this Policy, at the premium for that rate class in use by Us on the date of conversion.
9. The new policy will be subject to Our minimum policy requirements in effect at the time of conversion.

Claim Processing

Death Benefit

If the Insured dies while this Policy is in force, We will pay the Death Benefit to the Beneficiary. We will calculate the Death Benefit as:

1. the Face Amount; plus
2. any benefits provided by Rider or Endorsement which are payable upon the Insured's death; less
3. the amount needed to keep this Policy in force to the end of the Policy month of death, if the Insured dies within the Grace Period; less
4. the amount of any benefits paid under the Accelerated Death Benefit; plus
5. any Premium paid past the Policy month of death.

Filing a Death Claim

To claim the Death Benefit, We require a fully completed claim form and Proof of Loss.

Proof of Loss for purposes of a Death Benefit claim shall include:

- a certified copy of the Insured's death certificate; or
- other lawful evidence providing equivalent information, and
- proof of the claimant's interest in the proceeds, and
- all medical records and other investigative materials, that we may reasonably require.

We may refuse to pay any claim made if the claimant(s) or beneficiaries fail or refuse to provide information we deem necessary to investigate the claim.

If You or Your Beneficiaries need help in the claim process, contact Our Home Office.

Interest on Proceeds Interest accrues and is payable from the date of death. It accrues at the rate applicable to the Policy for funds left on deposit with Us as of the date of death, plus 10% annually beginning 31 calendar days from the latest of:

- (i) The date We receive due proof of death, or
- (ii) The date We receive sufficient information to determine Our liability, the extent of Our liability and the appropriate payee legally entitled to the proceeds, or
- (iii) The date all legal impediments to payment of proceeds that are dependent on parties other than the Company are resolved and sufficient evidence of such resolution is provided to Us. Legal impediments include, but are not limited to:
 - a. The establishment of guardianships and conservatorships;
 - b. The appointment and qualification of trustees, executors and administrators, and
 - c. The submission of information required to satisfy state and federal reporting requirements.

Method of Payment

The Beneficiary may elect to have the Death Benefit paid in a lump sum or under any other payment option mutually agreed upon.

Physical Examination and Autopsy

We have the right to examine, at Our expense, the person for whom a claim is made under this Policy, as We may reasonably require while a claim is pending. We have the right to have an autopsy performed in the case of death, where the law does not forbid it.

Legal Actions

Legal Actions may not be taken to receive benefits until 60 days after the date Proof of Loss is submitted and received by Us as described above. Legal action may not be taken after the expiration of the applicable statute of limitations.



**TERM LIFE INSURANCE POLICY TO AGE 95
Nonparticipating**



(A Stock Company)
17900 N. Laurel Park Drive, Livonia, MI 48152
(800) 624-1662
www.aalife.com

ACCIDENTAL DEATH BENEFIT RIDER

This Rider is a part of the Policy to which it is attached. It is subject to all provisions and definitions of the Policy unless stated otherwise in this Rider.

EFFECTIVE DATE: The Effective Date of this Rider is shown on the Policy Schedule Page. This Rider is in effect only while the Policy remains in effect.

If We reinstate coverage under this Rider, the Effective Date of the reinstated coverage will be shown on a new Policy Schedule Page.

CONSIDERATION: This Rider is issued in consideration of the Application for this Rider and payment of its first Premium. The Premium for this Rider is shown on the Policy Schedule Page.

EXPIRY DATE: The date coverage ends under this Rider is shown on the Policy Schedule Page.

INSURED: The person named as the Insured on the Policy Schedule Page.

INJURY: An accidental bodily injury sustained by the Insured which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while this Rider is in force.

BENEFIT: If the Insured dies due to an accident, We will pay the Accidental Death Benefit amount shown on the Policy Schedule Page to the Beneficiary. The death must occur:

1. within 180 days after the accident; and
2. while this Rider is in force.

We must receive proof that the Insured's death was accidental. We will make payment after receiving this proof and the written claim notice. We will pay this amount as part of the total death benefit of the Policy.

ACCIDENTAL DEATH: Death which results directly from accidental bodily injury.

We have the right, at Our own expense, to request an autopsy unless forbidden by law.

EXCLUSIONS AND LIMITATIONS: This Rider does not provide benefits coverage for death occurring as a result of any of the following:

1. any attempt at suicide, or intentionally self-inflicted injury, while sane or insane;
2. an act of war, declared or undeclared;
3. intoxication as defined by the jurisdiction where the accident occurred;
4. voluntary intake or use by any means of
 - a. any drug unless administered on the advice of a physician and taken in accordance with the physician's instructions;
 - b. poison, gas or fumes, unless a direct result of an occupational accident;
5. directly or indirectly from active participation in a riot, insurrection, or terrorist activity. An exclusion for riot or insurrection is limited to instigation and does not include civil commotion, disorder, injury as an innocent bystander, or injury for self defense;
6. committing or attempting to commit a felony;
7. disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
8. an infection not occurring as a direct result or consequence of the accidental bodily injury;
9. operating, descending from or riding in any type of aircraft. This does not apply to a fare paying or pass holding passenger with no duties on board an aircraft commercially licensed to transport passengers for hire;
10. riding any motorized vehicle or bicycle:
 - a. in a competitive sport;
 - b. to race or test on any speedway, race track or proving ground;
 - c. for stunt riding, jumping, aerobatics or similar activity;
11. while the insured is incarcerated;
12. rock or mountain climbing;
13. parasailing, ballooning, soaring, ultralight, skydiving, parachuting, and (aeronautics) hang-gliding;
14. bungee jumping.

INCONTESTABILITY: We cannot contest this Rider after it has been in force during the lifetime of the Insured for two (2) years from its effective date. We can contest this Rider at any time for fraud, where permitted by the state where this Rider is delivered or issued for delivery.

NONFORFEITURE VALUES: This Rider does not have Cash Values or Loan Values.

TERMINATION: This Rider will terminate on the earliest of:

1. its Expiry Date which is shown in the Policy Schedule Page;
2. the date when the Policy this Rider is attached to terminated; or
3. when the Owner requests that We cancel it by notifying Us in writing.

Termination of this Rider shall not affect the payment of benefits for any accident that occurred while the Rider was in force.

Signed for AAA Life Insurance Company at its Home Office in Livonia, Michigan.



Harold W. Huffstetler, Jr., President



Diane L. Coudurier, Secretary

AAA Life Insurance Company
[17900 N. Laurel Park Drive
Livonia, MI 48152-3985
(800) 624-1662]

Application for Individual Life Insurance

Member/Proposed Insured Information:				
Are you a AAA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Full Legal Name:				
Street Address:				
City:		State:		Zip Code:
Phone Number:		Social Security Number:		
Email Address:		Date of Birth:		Country of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License or Government ID:			State Issued:
Membership Number:		Height ____ ft ____ in.		Weight _____ lbs
In the last year have you used any nicotine products:		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Beneficiary Name:	Relationship	Social Security Number:	Date of Birth	Percentage
Contingent Beneficiary Name:	Relationship	Social Security Number:	Date of Birth	Percentage
Plan:		[Term period: <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30]		
Coverage Selected: \$				
Rider:	Amount		Rider	Amount
Rider	Amount		Rider	Amount
Death benefit option:				
<input type="checkbox"/> A-level <input type="checkbox"/> B – increasing <input type="checkbox"/> C – premium recovery)				
Automatic Premium Loan <input type="checkbox"/> Yes <input type="checkbox"/> No				

UNDERWRITING INFORMATION:

1. Have you ever been diagnosed, treated or been advised to seek treatment for any of the following: Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), Human Immunodeficiency Virus (HIV) infection, Alzheimer's, Dementia, Schizophrenia, Bipolar disorder, Cirrhosis, Hemophilia, Cystic Fibrosis, Emphysema, Chronic Obstructive Lung Disease, Chronic Obstructive Pulmonary Disease, Amyotrophic Lateral Sclerosis (ALS), Huntington's Disease, organ transplant? Yes No

2. In the last 2 years have you been diagnosed, treated, or advised to seek treatment for any of the following: Cancer, Heart Attack, Stroke, Transient Ischemic Attack (TIA), Leukemia, Hepatitis C, alcohol or drug abuse, Seizure Disorder, or has a medical professional advised you to reduce your consumption of alcohol? Yes No

3. In the last 2 years have you been convicted of driving under the influence of alcohol or drugs (DUI) or reckless driving or had 3 or more moving violations or used illicit drugs or been convicted of a felony? Yes No

4. Are you currently confined to a hospital, assisted living facility or correctional facility? Yes No
5. Are you currently receiving home health care or are you unable to perform all activities of daily living? Yes No
6. Have you ever attempted suicide? Yes No
7. In the last 2 years have you consulted a physician for any reason? Yes No
8. Are you currently taking prescription medication? Yes No
9. Do you consume 4 or more alcoholic beverages on a daily basis or more than 20 on a weekly basis? Yes No
10. Are you currently actively employed? Yes No
11. In the last 5 years have you been diagnosed, treated or advised to seek treatment for any of the following:
- a. Diabetes? Yes No
 [Do you use insulin to control your diabetes?] Yes No
 [Have you ever had any complications associated with your diabetes such as eye or foot problems?] Yes No
 - b. High Blood Pressure? Yes No
 [In the last 3 years has cardiac testing been performed or recommended such as an Electrocardiogram (EKG), Stress Test, Echocardiogram or Heart Catheterization?] Yes No
 [If Yes, has additional treatment been recommended?] Yes No
 - c. Hepatitis B? Yes No
 - d. Anxiety or Depression? Yes No
 [In the last 5 years have you been hospitalized or forced to miss work or are you currently disabled as a result of anxiety or depression?] Yes No
 [Are you currently being treated?] Yes No
 [Have you been diagnosed with major depression, psychosis or have you ever had any suicidal or homicidal thoughts?] Yes No
 - e. Systemic lupus erythematosus? Yes No
 [When were you diagnosed?] **Less than 3 years ago**
 3- 5 years ago
 More than 5 years
 Yes No
 - f. Asthma? Yes No
 [Do you require daily treatment for your symptoms or in the last 2 years have you been hospitalized as a result of asthma] Yes No
12. In the last 10 years have you been diagnosed, treated or advised to seek treatment for any of the following:
- a. Heart Attack? Yes No
 [Have you had multiple heart attacks?] Yes No
 - b. Cardiomyopathy? Yes No
 [In the last 5 years have you been treated?] Yes No
 - c. Congestive Heart Failure? Yes No
 - d. Cardiac Arrest? Yes No
 - e. Ventricular Fibrillation? Yes No
 - f. Irregular Heartbeat? Yes No
 [In the last 2 years have you been treated?] Yes No
 - g. Disorder or disease of any heart valve? Yes No
 [In the last 5 years have you had corrective surgery?] Yes No

- h. Pacemaker? Yes No
 [In the last 2 years have you had a pacemaker implanted?] Yes No
- i. Coronary bypass surgery, angioplasty, or stent? Yes No
 [In the last 5 years have you had corrective surgery?] Yes No
 [Did the surgery involve more than 1 vessel?] Yes No
- j. Coronary Artery Disease? Yes No
 [In the last 5 years have you had or been advised to receive corrective surgery?] Yes No
- k. Chest Pains? Yes No
 [In the last 5 years have had any cardiac testing, including but not limited to Electrocardiogram (EKG), stress Test, Echocardiogram, Heart Catherization or Cardiac Enzymes?] Yes No
- l. Stroke or Transient Ischemic Attack (TIA)? Yes No
 [When did this occur?] **Less than 5 years ago** **5 years ago or more**
- m. Cancer? Yes No
 [i. Was the type of cancer breast, colon, lung, Melanoma, prostate or oral (mouth or tongue)?] Yes No
 [In the last 5 years have you received any treatment?] Yes No
 [ii. Was the type of cancer Basal Cell?] Yes No
 [Have you had multiple occurrences of basal cell cancer or in the last year have you been diagnosed?] Yes No
- n. Alcohol or Drug Abuse? Yes No
 [Do you currently use any alcohol or drugs not prescribed by a Physician?] Yes No
 [Are you active member of Alcoholic's Anonymous, or similar organization?] Yes No
- o. Parkinson's Disease? Yes No
- p. Cerebral Palsy? Yes No
- q. Multiple Sclerosis? Yes No
13. Have you had a parent die before the age of 60 due to Heart Attack, Stroke or Cancer? Yes No
14. In the last 3 years have you chewed tobacco or smoked cigarettes? Yes No
15. Are there any life insurance policies or annuity contracts inforce or any application pending on the life of the Proposed Insured? Yes No
 [Total amount of coverage \$_____]
16. Will this coverage applied for replace any existing life insurance or annuity contracts with this Company or any other company? Yes No
 [Details of the coverage being replaced:]
 [Company name/policy number/date issued/amount]
17. Will the premiums for this policy be loaned or otherwise financed by any individual(s) or entity(ies) other than the Proposed Insured, employer(s) of the Proposed Insured, or family members of the Proposed Insured, or will the Proposed Insured be compensated in any way in exchange for any portion of the policy's death benefit? Yes No
18. Does the Proposed Insured or Owner plan to sell or permanently assign the policy to another person or entity, life settlement provider or an investor, or will it replace any policy that has already been sold to another life settlement company or investor? Yes No

PAYMENT METHOD:

Premium billing: [<input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly]
Premium per mode \$ _____ [Lump Sum payment \$]

EFT I authorize unless I revoke in writing AAA Life Insurance Company (AAA Life) to electronically withdraw money from my account for the payment of premiums for this insurance policy. I authorize AAA Life to continue to make these withdrawals if there is a renewal, or other change in the policy. Authorizing this automatic payment plan does not put the insurance policy into effect. This authorization may be retracted by me in writing or by AAA Life at any time for any reason by giving notice. AAA Life may retract the authorization immediately, without giving me written notice, if any premium or fee is not paid by the bank stated below, for any reason.

Name of Bank: _____
Bank Address: _____
Telephone #: _____
Account Type: checking savings
Account #: _____
Routing #: _____

I authorize, until I revoke in writing, the payment of the premium from my credit card account.
Card Type: [Visa] [MasterCard] [American Express] [Discover Card]
Credit Card Number: _____ **Expiration Date:** _____
Name on Account: _____

Direct bill AAA Life Insurance company will bill me directly at the address on this Application for premium due

NOTICES

MEDICAL INFORMATION BUREAU

AAA Life Insurance Company or its reinsurers may make a brief report regarding your insurability to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB-member company for life or health insurance or a claim for benefits is submitted to such a company, the MIB will supply such company with the information they have about you.

At your request the MIB will disclose any information it has in your file. If you question the accuracy of information in the MIB's file, you may seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

The address and phone number of the MIB's information office are:

Medical Information Bureau
P.O. Box 105, Essex Station
Boston, Massachusetts 02111
866.692.6901 (TTY 866.346.3642)

AAA Life Insurance Company, or its reinsurer, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

INSURANCE INFORMATION PRACTICES

To issue insurance coverage, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may, in certain circumstances, be disclosed to third parties without your specific authorization as permitted or required by law.

You have the right to access and correct this information, except information that relates to a claim or civil or criminal proceeding.

Upon your written request, AAA Life Insurance Company will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that

may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information, and the role of insurance support organizations with regard to your information.

If you would like more information about our information practices, please write or e-mail us at:

AAA Life Insurance Company

[17900 N. Laurel Park Dr.

Livonia, MI 48152]

FRAUD WARNING:

Any person who, knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

PROPOSED INSURED SIGNATURE/ACKNOWLEDGEMENT

My signature, whether electronic or handwritten, represents my acknowledgement, acceptance and authorization of the statements below.

- I declare that all answers in this Application are to the best of my knowledge and belief accurate and true. I understand the answers will be used to determine if coverage will be issued, and will be made a part of the Policy.
- If I misstate any of information above, the Policy may be voidable from inception by AAA Life Insurance Company.
- The Policy will take effective on the following: 1. I submit a complete, signed Application; 2. AAA Life approves my Application and any other required Evidence of Insurability; and 3. AAA Life receives and deposits the Total Initial Modal Premium, provided there has been no change in my health since the date of my Application for insurance.
- If my health has changed prior to the approval of this Policy, I must inform the Company in writing, otherwise the Policy is voidable from inception by AAA Life.
- To determine eligibility for insurance benefits, I authorize any licensed physician, medical practitioner, hospital, clinic, pharmacy, pharmacy benefit manager or medical-related facility, insurance company, the Medical Information Bureau (MIB) or other organization that has any records or knowledge of medical or prescription history about me to give any such information to AAA Life Insurance Company, its reinsurer(s) or any agency employed by the Company to collect and transmit such information. I authorize AAA Life Insurance Company, or it's reinsurers to make a brief report of my personal health information to MIB.
- AAA Life Insurance Company will not use or disclose medical information for any purposes other than stated above except as may be required by law. I understand that medical records are protected by certain federal regulations. Such medical information may be subject to redisclosure and may no longer be protected by federal privacy regulations.
- This authorization shall be valid for 24 months from the date signed. A copy of this Application will be valid as the original. I, or my authorized representative, may request to receive a copy of this authorization. I have the right to revoke this authorization by notifying AAA Life Insurance Company in writing; however if I do, AAA Life Insurance Company may rescind or decline my Application.
- I acknowledge receipt of the Notices regarding the Medical Information Bureau and the Insurance Information Practices from AAA Life Insurance Company.

Signed At: _____
City, State

Date

Proposed Insured Signature

Printed Name

AGENT'S SIGNATURE/ACKNOWLEDGEMENT

I represent that I **have** **have not** personally seen the person(s) proposed for insurance. To the best of my knowledge and belief there is nothing adversely affecting the insurability of the person(s) proposed for insurance other than as indicated on this Application; and where required MIB, Inc. Disclosure Notice and Notice of Insurance Information Practices was given to the applicant on or before the date the Application was signed. To the best of my knowledge, the Proposed Insured **does** **does not** have any insurance in force or applications pending and the Proposed Insured **does** **does not** intend to replace or change existing insurance or annuities.

Signature of Writing Agent:

Date:

Agent Phone Number:

Agent Email Address:

Printed Agent Number:

Agent Number:

State License Number:

Split %

Printed Agent Number:

Agent Number:

State License Number:

Split %

SERFF Tracking #:

AAAL-128615834

State Tracking #:**Company Tracking #:**

TL1301

State:

Arkansas

Filing Company:

AAA Life Insurance Company

TOI/Sub-TOI:

L04I Individual Life - Term/L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name:

Instant Issue Term

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):	Readability Certification - Non - Compact - Policy.pdf readability Certification AR.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Noted and submitted under the Forms Tab		
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):	Statement of Variability - Instant Issue Application TL-1301APP.pdf Statement of Variability - Term Product - AR.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):	Cover Letter -AR.pdf		

READABILITY CERTIFICATION

COMPANY NAME: AAA Life Insurance Company

I hereby certify that the forms listed below have achieved the following score as calculated by the Flesch Reading Ease Test.

Form Number	Description	Score
TL1301	Individual Term Insurance	54.3



Company Officer: Diane L. Coudurier

Title: Vice President and General Counsel

April 9, 2012

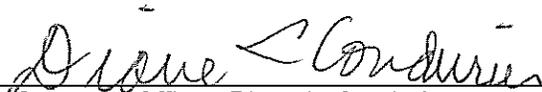
Date

READABILITY CERTIFICATION

COMPANY NAME: AAA Life Insurance Company

I hereby certify that the forms listed below have achieved the following score as calculated by the Flesch Reading Ease Test.

Form Number	Description	Score
TL1301AR	Individual Term Insurance	54.3



Company Officer: Diane L. Coudurier

Title: Vice President and General Counsel

August 3, 2012
Date

Statement of Variability
TL-1301APP – Individual Life Insurance Application

1. Our Address is bracketed to allow the ease of change if the corporate home office or administrative office changes.
2. The Term Periods are bracketed. We may choose to only offer one or a combination of the periods shown. We also may use this application in the future with our other individual life insurance products which may or may not be term.
3. The Death Benefit Option language will only appear if it is a Universal Life Insurance Policy that we use the application with.
4. The Automatic Premium Loan language will only appear if the policy applied for has this feature.
5. Follow-Up questions to question 11a have been bracketed and will only appear if the person has checked yes to question 11a. The “Yes and No” check boxes will only appear if the question appears.
6. Follow-Up questions to question 11b have been bracketed and will only appear if the person has checked yes to question 11b. The “Yes and No” check boxes will only appear if the question appears. The second follow-up question will only appear if the first one is checked as yes.
7. Follow-Up questions to question 11d have been bracketed and will only appear if the person has checked yes to question 11d. The “Yes and No” check boxes will only appear if the question appears.
8. Follow-Up questions to question 11e have been bracketed and will only appear if the person has checked yes to question 11e. The check boxes in the second column will only appear if the question appears.
9. Follow-Up questions to question 12a have been bracketed and will only appear if the person has checked yes to question 12a. The “Yes and No” check boxes will only appear if the question appears.
10. Follow-Up questions to question 12b have been bracketed and will only appear if the person has checked yes to question 12b. The “Yes and No” check boxes will only appear if the question appears.
11. Follow-Up questions to question 12f have been bracketed and will only appear if the person has checked yes to question 12f. The “Yes and No” check boxes will only appear if the question appears.
12. Follow-Up questions to question 12g have been bracketed and will only appear if the person has checked yes to question 12g. The “Yes and No” check boxes will only appear if the question appears.
13. Follow-Up questions to question 12h have been bracketed and will only appear if the person has checked yes to question 12h. The “Yes and No” check boxes will only appear if the question appears.

14. Follow-Up questions to question 12i have been bracketed and will only appear if the person has checked yes to question 12i. The “Yes and No” check boxes will only appear if the question appears. The second follow-up question in 12i will only appear if the first is marked yes.
15. Follow-Up questions to question 12j have been bracketed and will only appear if the person has checked yes to question 12j. The “Yes and No” check boxes will only appear if the question appears.
16. Follow-Up questions to question 12k have been bracketed and will only appear if the person has checked yes to question 12k. The “Yes and No” check boxes will only appear if the question appears.
17. Follow-Up questions to question 12l have been bracketed and will only appear if the person has checked yes to question 12l. The check boxes in the second column will only appear if the question appears.
18. Follow-Up questions to question 12m (12mi and 12mii) have been bracketed and will only appear if the person has checked yes to question 12m. The “Yes and No” check boxes will only appear if the question appears. The follow-up question under 12mi and 12mii will only appear if 12mi was marked yes or 12mii was marked yes.
19. Follow-Up questions to question 12n have been bracketed and will only appear if the person has checked yes to question 12n. The “Yes and No” check boxes will only appear if the question appears.
20. The Total Amount of Coverage in Question 15 is bracketed and will only appear if Question 15 marked yes.
21. Details of the Coverage being replaced and Company Name/policy number/date issued/amount is bracketed and will only appear if Question 16 is marked yes.
22. The Premium Billing methods are bracketed to allow the flexibility in offering different combinations of the methods shown in the sample.
23. The term Lump Sum Payment is bracketed so that if we choose to offer this payment method in the future we have the ability to do so.
24. The EFT Authorization section is bracketed and will only show if we offer EFT payment ability with the application and the applicant has selected that method of payment.
25. The Credit Card Authorization section is bracketed and will only show if we offer Credit Card payment ability with the application and the applicant has selected that method of payment. The card types are bracketed to allow us the ease of changing these in the future.
26. The Direct Bill section is bracketed and will only show if we offer Direct Bill payment ability with the application and the applicant has selected that method of payment.
27. Under the Insurance Information Practices, our address is bracketed to allow us to change it if our home or administrative office address changes.
28. The Agent Authorization Section is bracketed and will not appear unless an agent is involved in the sale of the product.

TL1301AR – Term Life Insurance Policy
Statement of Variability

Page 1:

Our Address and Website are bracketed to allow variance if we move offices or if our website address changes.

The officers signatures are bracketed to allow variance should the officers leave the company.

The toll-free complaint number is bracketed to allow variance if the number changes.

Page 3:

The Policy Number is bracketed and will be populated with the appropriate information.

The Policy Effective Date will be populated based on the effective date of the coverage as defined in the Policy.

The name of the PolicyOwner is bracketed and will be populated as appropriate.

The Issue Date will be populated with the Issue Date of the contract.

The Insured will be populated with the Insured's name.

The Issue State will vary based one the state of issue.

The Issue Age will be populated based on the issue age of the applicant.

The Gender will be populated based on the application.

The Face Amount will be bracketed and populated based on the amount selected.

The Rate class will vary based on the underwriting guidelines.

The Payment Method will be populated with either Annual, Semi-Annual, Quarterly, or Monthly.

The Initial Premium will be calculated based on all riders selected by the Applicant, their premium class and the premium rate for that coverage.

The State in the "Department of Insurance Telephone Number" will be populated by the issue state of the contract and the telephone number will vary and be populated in the same manner.

The Initial Term Period is bracketed and will be populated with the term period chosen by the Applicant.

The Initial Annual premium amount for the Base Term Life Insurance is bracketed and will be populated with the premium for that clients coverage.

The Effective Date of the Base Term Life Insurance is bracketed and will be populated with the effective date of the coverage.

The Expiration Date of the Base Term Life Insurance is bracketed and will be populated with the calculated expiration date of the coverage.

The Effective Date of the Accelerated Death Benefit Endorsement is bracketed and will be populated with the effective date of the endorsement. This should always match the Policy Effective Date.

The Expiration Date of the Accelerated Death Benefit Endorsement is bracketed and will be populated with the calculated expiration date of the coverage.

The Benefit Amount for the Accidental Death Benefit Rider is bracketed and will be populated with the applied for benefit amount.

The Initial Annual premium amount for the Accidental Death Benefit Rider is bracketed and will be populated with the premium for that clients coverage.

The Effective Date of the Accidental Death Benefit Rider is bracketed and will be populated with the effective date of the rider.

The Expiration Date of the Accidental Death Benefit Rider is bracketed and will be populated with the calculated expiration date of the coverage.

The whole option for the Accidental Death Rider is bracketed to allow it to appear or not appear if applied for by the applicant.

The Benefit Amount for the Disability Waiver of Premium is bracketed and will be populated with the applied for benefit amount.

The Initial Annual premium amount for the Disability Waiver of Premium is bracketed and will be populated with the premium for that clients coverage.

The Effective Date of the Disability Waiver of Premium is bracketed and will be populated with the effective date of the rider.

The Expiration Date of the Disability Waiver of Premium is bracketed and will be populated with the calculated expiration date of the coverage.

The whole option for the Disability Waiver of Premium Rider is bracketed to allow it to appear or not appear if applied for by the applicant.

The Benefit Amount for the Travel Accident Rider is bracketed and will be populated with the applied for benefit amount.

The Initial Annual premium amount for the Travel Accident Rider is bracketed and will be populated with the premium for that clients coverage.

The Effective Date of the Travel Accident Rider is bracketed and will be populated with the effective date of the rider.

The Expiration Date of the Travel Accident Rider is bracketed and will be populated with the calculated expiration date of the coverage.

The whole option for the Travel Accident Rider is bracketed to allow it to appear or not appear if applied for by the applicant.

The Benefit Amount for the Child Rider is bracketed and will be populated with the applied for benefit amount.

The Initial Annual premium amount for the Child Rider is bracketed and will be populated with the premium for that clients coverage.

The Effective Date of the Child Rider is bracketed and will be populated with the effective date of the rider.

The Expiration Date of the Child Rider is bracketed and will be populated with the calculated expiration date of the coverage.

The whole option for the Child Rider is bracketed to allow it to appear or not appear if applied for by the applicant.

The Effective Date of the Lifetime Membership Benefit Endorsement for the Surviving Spouse is bracketed and will be populated with the effective date of the endorsement. This should always match the Policy Effective Date.

The Expiration Date of the Lifetime Membership Benefit Endorsement for the Surviving Spouse is bracketed and will be populated with the calculated expiration date of the coverage.

The total Annual Premium amount will be populated by the total amount of the base coverage and any rider(s) selected.

The Alternate Premium Options (Monthly Credit Card or EFT, Quarterly, Semi-Annual, Annual) will be populated with the applicable amounts for the coverage chosen by the Applicant.

The \$60 Annual Fee Waived language is bracketed. This language will appear if an AAA Member is applying and being issued the coverage. If a non-AAA Member applies, we will display "Includes \$60 Annual Fee". The \$60 dollars is bracketed to allow us to change the amount as needed.

The address of the company is bracketed to allow us to change it as needed.

The Print Date will be populated with the date the Policy is printed.

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The Policy Number is bracketed and will be populated accordingly.

The Insured's name is bracketed and will be populated with the Insured's name.

The Certificate Number is bracketed and will be populated with the Certificate Number.

The Attained Age will be populated based on the attained age of the applicant.

The Base Annual Premium will be populated with the premium amount based on the approved amount for the Applicant.

The Maximum Annual Premium will be populated with the base term premium and any additional rider premiums based on the approved amount for the Applicant.

The \$60 Annual Fee Waived language is bracketed. This language will appear if an AAA Member is applying and being issued the coverage. If a non-AAA Member applies, we will display "Includes \$60 Annual Fee". The \$60 dollars is bracketed to allow us to change the amount as needed.

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Our home office address is bracketed to allow the flexibility in the future should the home office address change.



AAA Life Insurance Company
17900 N. Laurel Park Dr.
Livonia, MI 48152-3985

800-624-1662, ext. 2646 or 734-779-2646
Fax: 734-805-6282
E-mail: jalucas@aaalife.com

August 3, 2012

Arkansas Department of Insurance

Re: AAA Life Insurance Company
NAIC # 71854, FEIN # 52-0891929
TL1301AR – Term Life Insurance Policy
TL1306ADB – Accidental Death Benefit Rider
TL-1301APP – Instant Issue Application

To Whom It May Concern:

Enclosed for your review and approval is Form TL1301AR, a Term Life insurance Policy as well as TL1306ADB an Accidental Death Rider. This is a resubmission of our previously disapproved SERFF Filing # AAAL-128248087. No part of this filing contains any unusual or possibly controversial items from our normal Company or industry standards. They are being submitted in final printed format; however, we reserve the right to change fonts, layouts, or company logo/address. We certify that the font size will never be less than the minimum 10-point as required. Once approved, these forms will be marketed on a general basis electronically through both our American Automobile Association Clubs and independent agents and directly to the individual members and non-members. The Application form for this product will be submitted under a separate cover letter and SERFF filing. The Term Life Insurance Policy is a non-illustrated product. These forms will not replace anything currently for use by your state

The Policy language is similar to our Individual Term Policy filed with the compact under SERFF tracking number FRCS-127074813. We are submitting an Accidental Death Benefit Rider (Form Number TL1306ADB) which is a mirror image of 5506ADB approved under SERFF tracking number AAAL-126730786 on 8/3/2010. Rates are also being submitted for this rider. Our intention is to use the following forms (previously approved by the compact) with this filing:

<u>Form #</u>	<u>Description</u>	<u>SERFF Tracking Number</u>	<u>Approved Date</u>
5504TAR	Travel Accident Rider	AAAL-126730786	8/3/2010
TL1203DWP	Waiver of Premium Rider	FRCS-127074810	3/23/2011
TL1205CTR	Child Term Rider	FRCS-127074810	3/23/2011
LF-1210LMB	Lifetime Membership Benefit Endorsement	FRCS-126980406	2/15/2011
TL20082XDB	Accelerated Death Benefit Endorsement (and associated disclosure forms)	AAAL-125397023	2/19/2008

The Applicant will use TL-1301APP to apply for the Insurance. This form is being submitted in draft print format, we reserve the right to change fonts, layouts, or company logo/address. The final print version will only vary in respect to font and color. We will not add or delete information other than what is noted in the Statement of Variability. We certify that the font size will never be less than the minimum 10-point as required. Once approved, these forms will be marketed on a general basis electronically through both our American Automobile Association Clubs and independent agents and directly to the individual members and non-members. We reserve the right to use this application with other individual life products we may file in the future.

The questions of the application are similar to our Individual Applications ICC10-80201APP & ICC10-80202APP approved on 3/28/2011 under SERFF tracking number AAAL-126917952.

We have enclosed a statement of variability describing all bracketed information in the contract. Please feel free to contact me if you have any questions or concerns. I can be reached at 734-779-2646 or (800) 571-6582 or via email at Jalucas@aaalife.com

Respectfully Submitted,

A handwritten signature in cursive script that reads "Judy Lucas".

Compliance Specialist III
AAA Life Insurance Company